CMS Manual System

Pub. 100-05 Medicare Secondary Payer

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 23 **Date: JANUARY 21, 2005**

CHANGE REQUEST 3504

SUBJECT: Modification to Online Medicare Secondary Payer Questionnaire

I. SUMMARY OF CHANGES: Question 6 was a duplicate of Question 5 in the Online Medicare Secondary Payer Manual. Question 6 is being changed to reflect the appropriate follow-up question/answer.

NEW/REVISED MATERIAL – EFFECTIVE DATE*: February 22, 2005
IMPLEMENTATION DATE: February 22, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/20.2.1/ Admission Questions to Ask Medicare Beneficiaries

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	**Business Requirements**
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

Attachment - Business Requirements

Pub. 100-05	Transmittal: 23	Date: January 21, 2005	Change Request 3504

SUBJECT: Modification to Online Medicare Secondary Payer Questionnaire

I. GENERAL INFORMATION

A. Background: Question 6 was a duplicate of Question 5 in the Online Medicare Secondary Payer Manual. Question 6 needs to be changed to reflect the appropriate question/answer.

B. Policy: Paper Reduction Act, 44 U.S.C. §35

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3504.1	Providers should use the updated Admission Questions (Question 6 has been changed) when determining MSP.									X

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3504.2	Contractors shall post this entire instruction, or a direct link to this instruction, on their Web site and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction									X

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	must be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: February 22, 2005 **Implementation Date:** February 22, 2005 **Pre-Implementation Contact(s):** Jennifer Lindstrom (410) 786-0176 **Post-Implementation Contact(s):** Jennifer Lindstrom (410) 786-0176	**Medicare contractors shall implement these instructions within their current operating budgets.**

***Unless otherwise specified, the effective date is the date of service.**

Medicare Secondary Payer (MSP) Manual

Chapter 3 - MSP Provider Billing Requirements

Table of Contents

(Rev. 23, 01-21-05)

20.2.1 - Admission Questions to Ask Medicare Beneficiaries

(Rev. 23, Issued: 01-21-05, Effective: 02-22-05, Implementation: 02-22-05)

HO-301.2

The following chart lists questions *that can be used* to ask Medicare beneficiaries upon each inpatient and outpatient admission. Providers use this chart as a guide to help identify other payers that may be primary to Medicare. *If you choose to use this questionnaire, please note that it was developed to be used in sequence. Instructions are listed after the questions to facilitate transition between questions. The instructions will direct them to the next appropriate question to determine Medicare Secondary Payer situations.*

Part I

1. Are you receiving Black Lung (BL) Benefits?

___ Yes; Date benefits began: CCYY/MM/DD

BL IS PRIMARY ONLY FOR CLAIMS RELATED TO BL.

___ No.

2. Are the services to be paid by a government program such as a research grant?

___ Yes; Government Program will pay primary benefits for these services

___ No.

3. Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for care at this facility?

___ Yes.

DVA IS PRIMARY FOR THESE SERVICES.

___ No.

4. Was the illness/injury due to a work related accident/condition?

___ Yes; Date of injury/illness: CCYY/MM/DD

Name and address of WC plan:

_____

Policy or identification number: _____

Name and address of your employer:

_____

WC IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO WORK RELATED INJURIES OR ILLNESS, GO TO PART III.

___ No. **GO TO PART II.**

Part II

1. Was illness/injury due to a non-work related accident?

___ Yes; Date of accident: CCYY/MM/DD

___ No. **GO TO PART III**

2. What type of accident caused the illness/injury?

___ Automobile.

___ Non-automobile.

Name and address of no-fault or liability insurer:

_____

_____

_____

Insurance claim number: _____

NO-FAULT INSURER IS PRIMARY PAYER ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. GO TO PART III.

___ Other

3. Was another party responsible for this accident?

___ Yes;

Name and address of any liability insurer:

_____

_____

_____

Insurance claim number: _____

LIABILITY INSURER IS PRIMARY PAYER ONLY FOR THOSE CLAIMS RELATED TO THE ACCIDENT. GO TO PART III.

___ No. **GO TO PART III**

Part III

1. Are you entitled to Medicare based on:

___ Age. **Go to Part IV.**

___ Disability. **Go to Part V.**

___ ESRD. **Go to Part VI.**

Part IV - Age

1. Are you currently employed?

___ Yes.

Name and address of your employer:

_____

_____

_____

___ No. Date of retirement: CCYY/MM/DD

___ *No. Never Employed*

2. Is your spouse currently employed?

___ Yes.

Name and address of spouse's employer:

_____

_____

_____

___ No. Date of retirement: CCYY/MM/DD

___ *No. Never Employed*

IF THE PATIENT ANSWERED NO TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED YES TO QUESTIONS IN PART I OR II. DO NOT PROCEED FURTHER.

3. Do you have group health plan (GHP) coverage based on your own, or a spouse's current employment?

___ Yes.

___ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED YES TO THE QUESTIONS IN PART I OR II.**

4. Does the employer that sponsors your GHP employ 20 or more employees?

___ Yes. **STOP. GROUP HEALTH PLAN IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

Policy identification number: _____

Group identification number: _____

Name of policyholder: _____

Relationship to patient: _____

___ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED YES TO QUESTIONS IN PART I OR II.**

Part V - Disability

1. Are you currently employed?

___ Yes.

Name and address of your employer:

_____

_____

_____

___ No. Date of retirement: CCYY/MM/DD

2. Is a family member currently employed?

___ Yes.

Name and address of your employer:

_____

_____

_____

___ No.

IF THE PATIENT ANSWERED NO TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED YES TO QUESTIONS IN PART I OR II. DO NOT PROCEED FURTHER.

3. Do you have group health plan (GHP) coverage based on your own, or a family member's current employment?

___ Yes.

___ *No.* ***STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED YES TO THE QUESTIONS IN PART I OR II.***

4. Does the employer that sponsors your GHP employ 100 or more employees?

___ Yes. **STOP. GROUP HEALTH PLAN IS PRIMARY. OBTAIN THE FOLLOWING INFORMATION.**

Name and address of GHP:

_____

_____

_____

Policy identification number: _____

Group identification number: _____

Name of policyholder: _____

Relationship to patient: _____

Membership Number: _____

___ No. **STOP. MEDICARE IS PRIMARY PAYER UNLESS THE PATIENT ANSWERED YES TO QUESTIONS IN PART I OR II.**

Part VI - ESRD

1. Do you have group health plan (GHP) coverage?

Name and address of GHP:

_____

_____

_____

Policy identification number: _____

Group identification number: _____

Name of policyholder: _____

Relationship to patient: _____

Name and address of employer, if any, from which you receive GHP coverage:

_____

_____

_____

___ No. **STOP. MEDICARE IS PRIMARY.**

2. Have you received a kidney transplant?

___ Yes. Date of transplant: CCYY/MM/DD

___ No.

3. Have you received maintenance dialysis treatments?

___ Yes. Date dialysis began: CCYY/MM/DD

If you participated in a self-dialysis training program, provide date training started: CCYY/MM/DD

___ No

4. Are you within the 30-month coordination period?

___ Yes

___ No. **STOP. MEDICARE IS PRIMARY.**

5. Are you entitled to Medicare on the basis of either ESRD and age or ESRD and disability?

___ Yes.

___ No. **STOP. GHP IS PRIMARY DURING THE 30 MONTH COORDINATION PERIOD.**

6. *Was your initial entitlement to Medicare (including simultaneous entitlement) based on ESRD?*

___ Yes. **STOP. GHP CONTINUES TO PAY PRIMARY DURING THE 30 MONTH COORDINATION PERIOD.**

___ No. **INITIAL ENTITLEMENT BASED ON AGE OR DISABILITY.**

7. Does the working aged or disability MSP provision apply (i.e., is the GHP primarily based on age or disability entitlement?

___ Yes. **STOP. GHP CONTINUES TO PAY PRIMARY DURING THE 30-MONTH COORDINATION PERIOD.**

___ No. **MEDICARE CONTINUES TO PAY PRIMARY.**

If no MSP data are found in CWF for the beneficiary, the provider still asks the questions found in §20.1 and provides any MSP information on the bill using the proper uniform billing codes. This information will then be used to update CWF through the billing process.